



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended statement of organization. <table border="1"><tr><td>Date Changes Took Effect</td><td>SBE-issued Committee ID</td></tr><tr><td>3/23/15</td><td></td></tr></table>	Date Changes Took Effect	SBE-issued Committee ID	3/23/15	
Date Changes Took Effect	SBE-issued Committee ID				
3/23/15					
Committee Information					
Committee Information	Pat HENNING FOR SCHOOL BOARD				
	Name of Candidate Campaign Committee				
	451 N. ARCHISTEAD ST. #4				
	Street Address/PO Box Suite #				
	ALEXANDRIA VA 22312				
	City State Zip Code				
① patriciahenningvs19c@comcast.net 703-850-7537					
② henningforschoolboard@gmail.com					
Email Address Daytime Phone #					
N/A					
Campaign Website					
Candidate Information					
Candidate Information	MRS HENNING Patricia Ann HALLIE				
	Salutation Last Name First Name Middle Name Suffix				
	451 N. ARCHISTEAD ST. #4				
	Residence Address Apt #				
	ALEXANDRIA VA 22312				
	City State Zip Code				
	CITY OF ALEXANDRIA 702026043				
County or City of Residence Voter Identification #					
patriciahenningvs19c@comcast.net 703-850-7537					
Email Address Daytime Phone #					
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information					
Election Information	School Board C				
	Office Sought District (if one)				
	N/A 2015				
	Political Party Year of Election				
<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special					
Type of Election					



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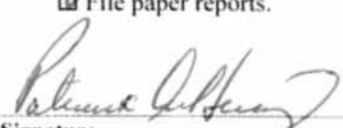



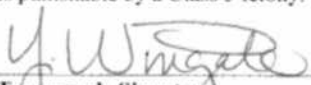

Treasurer Information					
Treasurer Information	Wingate, Yolanda		Ms		
	Salutation	Last Name	First Name	Middle Name	Suffix
	301 N. Beauregard Street				
	Residence Address		Apt #		
	Alexandria, VA		22312		
	City		State	Zip Code	
	City of Alexandria		057258406		
County or City of Residence		Voter Identification #			
VWingate7@aol.com		917-518-1069			
Email Address		Daytime Phone #			
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
SUNTRUST					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
ALEXANDRIA VA					
City		State	City		State
Committee Activity					
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:		4/2/12		
	Date first expenditure made:		6/13/12		
	Date campaign depository designated:		4/1/12		
	Date filing fee paid for party nomination:		N/A		
	Date statement of qualification filed:		3/25/16		
	Date treasurer appointed:		3/23/15		

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input type="checkbox"/> File electronically using SBE's electronic filing application (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p>Please indicate name of vendor: _____</p> <p><input checked="" type="checkbox"/> File paper reports.</p> <p> Signature</p> <p> Date</p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p> Candidate's Signature</p> <p> Date</p>
Treasurer's Signature	<p>I accept the appointment of treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p> Treasurer's Signature</p> <p> Date</p>